USSN: 10/695,499
Dkt. No.: PP00363.115
2300-0363.01

**PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|---|---|
| In Re Application of: | Examiner: J.E. GRASER |
| SCARLATO et al. | Group Art Unit: 1645 |
| Serial No.: 10/695,499 | Confirmation No.: 7930 |
| Filing Date: October 28, 2003 | Customer No.: 27476 |
| Title: MENINGOCOCCAL ANTIGENS | |

## TRANSMITTAL LETTER

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Transmitted herewith for filing, please find the following documents:

   _x_     Response to Requirement for Restriction and Preliminary Amendment (8 pages);

   _x_     Petition to Extend Time to Respond for Two (2) Months (2 pages);

   _x_     Information Disclosure Statement (3 pages) and PTO/SB/08A (2 pages);

   _x_     Check for $450.00;

   _x_     Return receipt postcard.

The fee is calculated as follows:

| | NO. OF CLAIMS | CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | FEE |
|---|---|---|---|---|---|
| Total Claims | 11 | - 25 | 0 | x $50.00 | $0 |
| Independent Claims | 4 | - 6 | 0 | x $200.00 | $0 |
| Multiple dependent claims not previously presented, add $360.00 | | | | | $0 |
| Total Amendment Fee | | | | | $0 |
| Petition for Extension of Time Fee | | | | | $450.00 |
| Small Entity Reduction (if applicable) | | | | | $0 |
| **TOTAL FEE DUE** | | | | | $450.00 |

x    A check for $450.00 is attached.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: February 3, 2005

By: _____
Roberta L. Robins
Registration No. 33,208
Attorney for Appellants

CHIRON CORPORATION
Intellectual Property – R440
PO Box 8097
Emeryville, CA 94662-8097
Telephone: 510-923-2708
Facsimile: 510-655-3542